

# Prevention of hospital admission in the management of haematomas

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## Introduction

Haematomas commonly occur in the community setting, often as a result of trauma injury sustained during daily activities. Haematoma is a collection of blood below the surface of the skin that if not removed can in some instances put pressure on underlying tissues leading to necrosis. The treatment and management of Haematomas often requires hospital admission for surgical debridement and skin grafting. This can be costly for the National Health Service (NHS) and for the patient's general health and well-being. Not all patients are suitable for surgical intervention due to co-morbidities. For these patients' treatment and management can be slow and involve intense community nursing input.

This poster explores the use of a hydro responsive wound dressing (HRWD™) to aid wound bed preparation of a patient with haematomas of the lower limb. HydroClean® Advance dressing contains Ringers solution which is donated into the wound, supporting the softening and debridement of devitalised tissue.

## Method

The patient was a self-caring 81-year-old lady who lived with her husband. She mobilised around the home using furniture or a walking stick and slept downstairs. She had a complex PMH included severe cardiac failure, myelodysplastic syndrome (having regular blood transfusions), coronary artery bypass graft (2014), Ca breast, type 2 diabetes. She was referred to the community nursing team in April 2022 after knocking her right leg resulting in 2 haematomas. Wounds presented as 100% necrotic measuring wound 1-6.4 x 1.9cm and wound 2 -3 x 1cm. Her wounds were extremely painful, and she was prescribed fentanyl patches. After no improvement with 5 weeks of treatment with a hydrogel sheet which stuck and was painful on removal, she was referred to the tissue viability team. They assessed on 2nd June and changed the treatment to HydroClean® Advance.



28/04/2022



26/05/2022



02/06/2022



06/06/2022



09/06/2022



16/06/2022

## Results

- 2/6/22 – Initial assessment by TVN, proximal wound 95% necrosis and distal wound 100% slough, treatment with HydroClean® Advance dressings started, with an absorbent pad and secured under short stretch bandage system giving full 40mmHg of compression.
- 6/6/22 – Reviewed by community nurse and described as 20% necrosis, lifting well, 70% slough and 10% granulation tissue. HydroClean® Advance treatment continued.
- 9/6/22 – As wound bed was rehydrating some maceration reported so a barrier film was applied to peri wound edge
- 16/6/22 – Necrotic tissue has lifted well with 5% remaining, 80% Slough and 15% granulation tissue evident.
- RIP – 24/7/22

## Discussion

Management of this patients wound was very challenging due to the intense pain experienced, especially at dressing change. Debridement of the necrotic tissue was hindered by the pain levels, providing limited treatment options. Wound pain at dressing changes can often lead to anxiety and depression, effecting a patient's quality of life and reducing wound healing potential. The wound had been static for several weeks, not showing signs of improvement. This, along with pain levels, had a negative impact on the patients quality of life. Due to pre existing co-morbidities surgical intervention for debridement of the necrosis would not have been suitable for this patient. With the advancement in dressing technology's, we now have dressings that are designed to be atraumatic, meaning they do not cause further discomfort or tissue damage on removal.

## Conclusion

The clinicians treating this patient found that HydroClean® Advance did not adhere to the wound bed due to the combination of silicone strips and the donation of ringer's solution which provided effective debridement with reduced pain at dressing change. After just four days of using HydroClean® the necrotic tissue was lifted and a granulating wound bed revealed. Continued use allowed for debridement of the remaining devitalised tissue. After the wound being static for several months the efficient and effective debridement using HydroClean® increased motivation to both patient and the community nursing team. Unfortunately, the patient died prior to full wound healing being achieved.

## References

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